

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 701730 RECEIPT DATE: 11 / 30 / 00
IA NUMBER: PCT/ FR99 / 01314 IA FILING DATE: 06 / 03 / 99
FAMILY NAME: GABIN DELAY WAIVED (Y/N): N
GIVEN NAME: FREDERIC DEMAND RECEIVED (Y/N): Y
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 06 / 03 / 98
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N
ATTORNEY DOCKET NUMBER: 518-1014 COUNTRY:
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 0000000000
FAX

NAME: WILLIAM M LEE
LEE MANN SMITH MCWILLIAMS SWEENEY & OHLSON
STREET: PO BOX 2786

CITY: CHICAGO
STATE/COUNTRY: IL ZIP: 606902786
EMAIL:

APPLICATION TITLES:
CODED PACKET TRANSMISSION WITHOUT IDENTIFYING THE CODE USED

TAB TO LAST POSITION, PUSH SEND